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SECRETARY OF STATE

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COVER LETTER

Division of Corporations NAME OF CORPORATION: LIVENECT CORDORATION DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ivmed Colporation NW 107th TERROCE E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ERICA MPACA ZZOVA at (954) 594-3650

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

Livined Corporation			
(Name of Corporation as currently filed with the	Florida Dept. of State)		
P18000065895			
(Document Number of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit C</i> its Articles of Incorporation:	orporation adopts the following	; ameno	iment(s
A. If amending name, enter the new name of the corporation:			
		The i	new
name must be distinguishable and contain the word "corporation," "company," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A profess word "chartered," "professional association," or the abbreviation "P.A."		brevia	tion
B. Enter new principal office address, if applicable:			_
(Principal office address MUST BE A STREET ADDRESS)			
			_
	<u></u>	201	_
C. Enter new mailing address, if applicable:	ALL	ال 9	- Conflored
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u> </u>	— F 3
	No.	÷)
	- V	- P	41
		_ <u></u>	
D. If amending the registered agent and/or registered office address in Florida, onew registered agent and/or the new registered office address:	enter the name of the	32	
Name of New Registered Agent			
(Florida street address)			
New Registered Office Address: (City)	, Florida <i>(Zip C</i>	Code)	_
	,,		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept to	he obligations of the position.		
Signature of New Registered Agent,	if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chairman or Clerk; CEO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	7	Erica M PALAZZOLA	404 NW 107th TERR
$\frac{\mathcal{N}}{\mathcal{N}}$ Add			Coral Springs
Remove			FU33071
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	mplementing the amendment if not contained in the amendment itself:	Attach additional sheets, if ne	cessary). (Be specif	ic)			
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The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharel action was not required.	holder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	er
Dated 05/28/2019 Signature ERICO U Palazzala	
Signature ERICO U Palazzala	
(By a director, president or other officer – if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other	court
appointed fiduciary by that fiduciary)	
ERICA M POLOZZOJO (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	